

# **Annexure XVI**

## **Declaration**



महाराष्ट्र MAHARASHTRA

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ZP 085971

04 MAY 2022

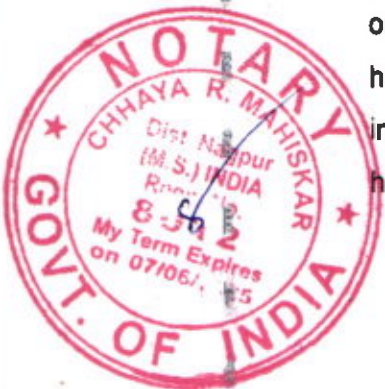
NOTARIAL REG.  
ENTRY NO. 13043  
DATE 17.5.2022

ANNEXure-XV

Stamp Head Clerk / Sr. Clerk.

DECLARATION

I, the Dean / Director / Principal of the Government Dental College & Hospital Nagpur College / Institute solemnly states on affirmation, that the information provided by me in Inspection Format as well as uploaded on College Web site along with all Annexures is true and correct to the best of my knowledge. The said information is provided to me by the concerned teachers and duly verified by me. It is further submitted that the teachers information attached in respective Annexure- VIII..... & IX..... are not working in / at any other College / Institute or presented themselves at any inspection for the Academic Year 2022 -2023.. as per my knowledge and information provided by the concerned teachers. The teachers in the Annexure- VIII..... & IX... are staying in the same city / town / village where the College / Institute is situated or adjacent to the city / town / village, where the College/Institute is situated and having the valid proof of residence of the said city / town / village. The teachers in the Annexure- VIII..... & IX..... are not practicing in College working hours or outside the City where the College / Institute is situated.



100/-

05/05/2022

दस्ताचा प्रकार/अनुच्छेद क्रमांक-४  
दस्त नोंदणी करणार आहेत का?  
नोंदणी होणार असल्यास दुय्यम निबंधक कार्यालयाचे नांव  
मिळकतीचे वर्णन  
मोबदला रक्कम, मुद्रांक शुल्क रक्कम  
मुद्रांक विकत घेणाऱ्याचे नांव, पत्ता सही दि.  
हस्ते असल्यास त्यांचे नांव, पत्ता सही दि.  
दुसऱ्या पक्षकाराचे नांव  
मुद्रांक विक्रेत्याची सही, विक्री अनु. क्र. दि.  
सौ. मा. क. बोरकर, (M)  
ला. नं. १५/८९ कोड क्र. ४६०१००९  
जिल्हाधिकारी कार्यालय, नागपूर.

सि. अभय एन. ५१०१२०२,

५५४८

१५/५/२२

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I am further hereby declaring that every information or contents in this Inspection Format is based on the information provided by the concerned teachers and endorsed by me after due verification and the same is/are absolutely true and correct. If at any stage it is revealed that any information or content given in this declaration is not true and correct, in such event the undersigned / the concerned teacher, as the case may be, Shall be liable for disciplinary action or penal action or Affiliation of the College shall be withdrawal, as the case may be.

This declaration is voluntarily signed by me on 13 day of 05/2022

Date: 15/5/22

Place: Nagpur

Signature of Dean/Director/Principal Name  
of the Signatory-

(With Seal of the College / Institute)



Dean  
Govt. Dental College & Hospital  
NAGPUR



ATTESTED

Chhaya R. Mahiskar

NOTARY  
NAGPUR (M.S.) INDIA

Chhaya Rajaram Mahiskar  
Advocate & Notary  
Plot No.46, Shyam Nagar,  
Bhagwan Nagar Road, Infront of  
Bank of Maharashtra, Nagpur-440022

